

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/890053**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1		1	
2	/				1	
3	/		1		1	
4	3		3		3	
5	①		1		X	
6	1		1			
7	①		2		2	
8	/		1			
9	①		7		7	
10	/		1			
11					2	
12					2	
13					2	
14					2	
15					2	
16						
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47						
48						
49						
50						
TOTAL IND.	3	J	3	J	2	J
TOTAL DEP.	9	J	16	J	24	J
TOTAL CLAIMS	12	J	19	J	26	J

TOTAL IND.	J		
TOTAL DEP.	J	J	J
TOTAL CLAIMS	J	J	J

PTO-1380 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE  
PRINTED AND FOLDED IN U.S.A.

(2)

## CLAIMS ONLY

Application Number

09/890,053

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4		3					54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14		1					64					
15		1					65					
16		1					66					
17							67					
18							68					
19							69					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	15						Total Depend					
Total Claims	17						Total Claims					